

# CONSUMER COMPLAINT FORM

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ATTORNEY GENERAL



RETURN TO:  
Office of Attorney General  
Consumer Protection Division  
1024 Capital Center Drive  
Frankfort, KY 40601  
Hotline: 1-888-432-9257  
www.ag.ky.gov/cp  
Fax: 502-573-7151

**TYPE OR PRINT NEATLY. SUBMIT TWO COPIES OF THE COMPLAINT AND TWO COPIES OF ANY DOCUMENTS SUBMITTED.**

YOUR NAME ☐ Mr ☐ Mrs ☐ Ms \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ COUNTY \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK/CELL PHONE \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

COMPANY OR PERSON(S) YOUR COMPLAINT IS AGAINST \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE: \_\_\_\_\_

**Please fill in this section completely.**

WAS A CONTRACT SIGNED? ☐ YES ☐ NO (If Yes, Please Attach a **Copy** of Your Contract.)

WHERE WAS CONTRACT SIGNED? ☐ IN YOUR HOME ☐ AT THE BUSINESS ☐ OTHER \_\_\_\_\_

DATE(S) OF TRANSACTION \_\_\_\_\_ PRODUCT OR SERVICE INVOLVED \_\_\_\_\_

TOTAL PRICE \_\_\_\_\_ AMOUNT PAID \_\_\_\_\_ WAS PRODUCT/SERVICE ADVERTISED? ☐ YES ☐ NO

HOW WAS SERVICE ADVERTISED? ☐ Newspaper ☐ TV ☐ Radio ☐ Mail ☐ Phone ☐ Email ☐ Internet ☐ Other \_\_\_\_\_

WITH WHAT OTHER AGENCIES HAVE YOU FILED THIS COMPLAINT? \_\_\_\_\_

WHAT ACTION WAS TAKEN? \_\_\_\_\_

HAVE YOU HIRED OR RETAINED A PRIVATE ATTORNEY? ☐ YES ☐ NO HAVE YOU STARTED COURT ACTION? ☐ YES ☐ NO

WHAT ACTION WILL RESOLVE YOUR COMPLAINT? \_\_\_\_\_

[illegible]

If Your Complaint is Regarding a Health Club Membership, Also Complete this Section.

WAS CONTRACT SIGNED? ☐ YES ☐ NO      DATE OF CONTRACT      LENGTH OF CONTRACT: YEARS      MONTHS

TIME LEFT BEFORE CONTRACT EXPIRES: YEARS \_\_\_\_\_ MONTHS \_\_\_\_\_

TOTAL AMOUNT OF YOUR CONTRACT: \$\_\_\_\_\_ AMOUNT PAID TO DATE: \$\_\_\_\_\_

HOW WERE YOUR PAYMENTS TO BE MADE? ☐ MONTHLY ☐ YEARLY ☐ OTHER

AMOUNT OF EACH PAYMENT? \$\_\_\_\_\_ WHEN WAS YOUR LAST PAYMENT?\_\_\_\_\_

HAVE YOU MADE PAYMENTS TO ANY COMPANY OTHER THAN THIS HEALTH CLUB? ☐ YES ☐ NO

*If yes, please provide the following information:*

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

The above information is true and accurate to the best of my knowledge.

**TODAY'S DATE** \_\_\_\_\_ **YOUR SIGNATURE** \_\_\_\_\_

OPTIONAL- COMPLETION OF THIS SECTION IS VOLUNTARY

AGE OF THE PERSON INVOLVED IN THE TRANSACTION: ☐ 0-15 ☐ 16-25 ☐ 26-39 ☐ 40-59 ☐ 60-75 ☐ 76-over

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